


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90199 041 ***150.00

DOCUMENT # F96000004059			
1. Entity Name RHEUMATOLOGY CENTER, INC.			
Principal Place of Business 12251 TAFT ST #302 PEMBROKE PINES, FL 33026		Mailing Address 12251 TAFT ST #302 PEMBROKE PINES, FL 33026	
2. Principal Place of Business <i>12151 TAFT ST</i>		3. Mailing Address <i>12151 TAFT ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Pembroke Pines, FL</i>		City & State <i>Pembroke Pines, FL</i>	
Zip <i>33026</i>	Country <i>USA</i>	Zip <i>33026</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent GARCIA, JOSE G 12251 TAFT ST #302 PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GARCIA, JOSE G 12251 TAFT ST #302 PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>12151 TAFT ST</i> <i>Pembroke Pines, FL 33026</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> President		Date: <i>4/13/06</i> Daytime Phone #: <i>954-704-1050</i>	